Test Definition: HIVE

HIV-1/-2 Antibody Evaluation, Serum

Reporting Title: HIV-1/-2 Ab Evaluation, S
Performing Location: Rochester

Specimen Requirements:

Collection Container/Tube: Serum gel
Submission Container/Tube: Plastic vial
Specimen Volume: 3 mL
Collection Instructions: Spin down and remove serum from clot within 24 hours.
Additional Information:
1. If this test is ordered as a follow-up evaluation of a specimen with a reactive rapid HIV antibody test result, clients should change test request to RHIV/84455 HIV Antibody Rapid Test Confirmatory Profile, Serum, so that both the initial chemiluminescence immunoassay and confirmatory testing can be done (as per CDC recommendations).
2. If specimens are autopsy or cadaver blood sources, the proper FDA-licensed assay is HV1CD/83628 HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, Serum.
Forms: If not ordering electronically, submit a General Request Form (Supply T239) with the specimen.

Specimen Type	Temperature	Time
Serum SST	Frozen (preferred)	30 days
	Refrigerated	7 days
	Ambient	24 hours

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
HIV1	HIV-1/-2 Ab Evaluation, S	Alphanumeric		7918-6

CPT Code: 1 × 86703

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HIVFA	HIV-1 Ab Confirm by IFA, S	1	86689	No	Yes
HIV2	HIV-2 Ab Eval, S	1	86702	No	Yes
HIV2L	HIV-2 Ab Confirmation, S	1	86689	No	Yes
WBAR	HIV-1/-2 Ab Confirm Eval, S	1	86689	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HIVFA	81758	HIV-1 Ab Confirm by IFA, S	Alphanumeric		14092-1
HIV2	86702	HIV-2 Ab Eval, S	Alphanumeric		30361-0
HIV2L	61785	HIV-2 Ab Confirmation, S	Alphanumeric		7919-4
WBAR	9190	HIV-1 Ab Confirm Western Blot, S	Alphanumeric		5221-7

Reference Values:

Negative
See HIV Serologic Interpretive Guide in Special Instructions for further interpretive information.